



ALL APPLICATIONS MUST BE SUBMITTED VIA THE INTERNET

OHIO DEPARTMENT OF HEALTH

DIVISION OF

Division Name

BUREAU OF

Bureau Name

PROGRAM NAME

REQUEST FOR PROPOSALS (RFP)

FOR

FISCAL YEAR 20XX

(00/00/00 – 00/00/00)

**Local Public Applicant Agencies
Non-Profit Applicants**

COMPETITIVE GRANT APPLICATION INFORMATION

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I. APPLICATION SUMMARY and GUIDANCE

An application for an Ohio Department of Health (ODH) grant consists of a number of required parts – an electronic component submitted via the Internet website “ODH Application Gateway” and various paper forms and attachments. All the required parts of a specific application must be completed and submitted by the application due date. **Any required part that is not submitted by the due date indicated in sections I, D, and G will result in the entire application not being considered for review.**

The application summary information is provided to assist your agency in identifying funding criteria:

- A. Policy and Procedure:** Uniform administration of all the ODH grants is governed by the ODH Grants Administration Policies and Procedures (GAPP) manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all Sub-grantee applications. The GAPP manual is available on the ODH website <http://www.odh.ohio.gov>. (Click on “Funding Opportunities” [located under At a Glance]; click on “ODH Grants” and then click on “GAPP”) Please refer to Policy and Procedure updates found on the GMIS bulletin board.
- B. Application Name:** *Indicate name of application, e.g., Child and Family Health Services, Rape Prevention Program, etc.*
- C. Purpose:** *Describe the purpose of the initiative/program/activity being funded.*
- D. Qualified Applicants:** *All applicants must be a local public or non-profit agency, insert program specific eligibility. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT). State who is eligible to apply. Indicate whether local public and/or non-profit agencies can apply.*

The following criteria must be met for grant applications to be eligible for review:

1. Applicant doesn't owe funds in excess of \$1,000 to the ODH.
 2. Applicant isn't certified to the Attorney General's (AG's) office.
 3. Applicant has submitted application and all required attachments by 4:00 p.m. on **Monday, (insert date)**.
- E. Service Area:** *Indicate whether the Request For Proposal requires applicants to provide services for the entire state or only for a specific portion of the state. If services are sought for a specific portion of the state, please define by governmental subdivision (e.g., county, city, township, census tracts, census block groups, census block).*
 - F. Number of Grants and Funds Available:** *Indicate the source of funds supporting the Sub-grant program (i.e., state, federal or both). Indicate number or range of*

number of grants that may be awarded, total amount, and range or amounts each agency can apply for. (Example: Up to _____ grants may be awarded for a total amount of \$_____. Eligible agencies may apply for \$_____.) If a funding formula is used, briefly outline the formula and the amount of funds available to each applicant.

*No grant award will be issued for less than **\$30,000**. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.*

- G. Due Date:** All parts of the application must be completed and received by ODH electronically via GMIS or via ground delivery by 4:00 p.m. on Monday, (insert due date). Applications and required attachments received late will not be considered for review.

Contact (Name, Phone No. and/or E-mail address) with any questions. Enter the contact name listed under “Programmatic, Technical Assistance and Authorization for Internet Submission.”

- H. Authorization:** Authorization of funds for this purpose is contained in Amended Substitute House Bill _____ and/or the *Catalog of Federal Domestic Assistance (CFDA) Number* _____. *Indicate specific information as required.*

- I. Goals:** *Identify the goals of ODH in releasing funds for the initiative/program/activity.*

- J. Program Period and Budget Period:** The program period will begin (Date) and end on (Date) . The budget period for this application is (Date) through (Date) .

- K. Public Health Accreditation Board (PHAB) Standard(s):** *Identify the PHAB Standard(s) that will be addressed by grant activities. (An example is: This grant program will address PHAB standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness.) The PHAB standards are available at the following website:*

<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-Overview-Version-1.0.pdf>

- L. Public Health Impact Statement:** All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.

1. Public Health Impact Statement Summary - Applicant agencies are required to submit a summary of the program to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must

include:

- a) The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:
 - A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups;
 - A summary of the services to be provided or activities to be conducted; and,
 - A plan to coordinate and share information with appropriate local health districts.

The applicant must submit the above summary as part of their grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

2. *Public Health Impact Statement of Support* - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that when the program summary is submitted with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support must be submitted from at least one local health district, if available.

M. Incorporation of Strategies to Eliminate Health Inequities

Special Note: ODH Staff Who Develop RFPs

All ODH RFPs are expected to incorporate health equity strategies. This covers the spectrum from program planning and implementation to evaluation. ODH programs developing new RFPs must meet with the Health Equity Office for technical assistance. This will enable ODH programs to effectively customize the standard health equity language below in such a way to maintain programmatic fidelity, maximize subject-matter expertise and incorporate best practices for health inequity elimination. This consultation includes a determination of the relevancy for health inequity elimination strategies for the RFP being developed.

Health Equity Component (Standard Health Equity Language)

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities and Ohio's economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to be healthy. Throughout the various components of this application (Program Narrative, Objectives, and Workplan), applicants are required to:

- 1) Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) which experiences a disproportionate burden of disease or health condition (This information must be supported by data.);
- (2) Explain how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities; and
- (3) Explain how proposed program interventions will address this problem.

The following section will provide a basic framework and links to information to understand health equity concepts.

Understanding Health Disparities, Health Inequities, Social Determinants of Health & Health Equity:

*Certain groups in Ohio face significant barriers to achieving the best health possible. These groups include Ohio's poorest residents and racial and ethnic minority groups. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people, live, work and play. Health disparities are unnatural and can occur because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods, freedom from racism and other forms of discrimination. These are referred to as **social determinants of health**. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as **health inequities**. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to social determinants) is referred to as **health equity**. Public health programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to the elimination of health inequities.*

For more resources on health equity, please visit the ODH website at:

<http://www.healthyohioprogram.org/healthequity/equity.aspx>.

N. Appropriation Contingency: Any award made through this program is contingent upon the availability of funds for this purpose. **The Sub-grantee agency must be prepared to support the costs of operating the program in the event of a delay in grant payments.**

O. Programmatic, Technical Assistance and Authorization for Internet Submission: Initial authorization for Internet submission, for new agencies, will be granted after participation in the GMIS training session. All other agencies will receive their authorization after the posting of the RFP to the ODH website and the receipt of the Notice of Intent to Apply for Funding (NOIAF). Please contact (*list a contact name, e-mail address, and phone number*) to whom the applicant agency can contact for questions regarding this RFP.

Applicant must attend or must document in the NOIAF prior attendance at GMIS training in order to receive authorization for Internet submission.

P. Acknowledgment: An 'Application Submitted' status will appear in GMIS that acknowledges ODH system receipt of the application submission.

Q. Late Applications: Applications are dated the time of actual submission via the Internet utilizing GMIS. Required attachments and/or forms sent electronically must be transmitted by the application due date. Required attachments and/or forms mailed that are non-Internet compatible must be postmarked or received on or before the application due date of **Monday, ____ (Date) ____**.

Applicants should request a legibly dated postmark, or obtain a legibly dated receipt from the U.S. Postal Service, or a commercial carrier. Private metered postmarks shall **not** be acceptable as proof of timely mailing. Applicants can hand-deliver attachments to ODH, Grants Services Unit, Central Master Files; but they must be delivered by **4:00 p.m.** on the application due date. Fax attachments will not be accepted. **GMIS applications and required application attachments received late will not be considered for review.**

R. Successful Applicants: Successful applicants will receive official notification in the form of a Notice of Award (NOA). The NOA, issued under the signature of the Director of Health, allows for expenditure of grant funds.

S. Unsuccessful Applicants: Within 30 days after a decision to disapprove or not fund a grant application for a given period, written notification, issued under the signature of the Director of Health, or his designee shall be sent to the unsuccessful applicant.

T. Review Criteria: All proposals will be judged on the quality, clarity and completeness of the application. Applications will be judged according to the extent to which the proposal:

1. Contributes to the advancement and/or improvement of the health of Ohioans;

2. Is responsive to policy concerns and program objectives of the initiative/program/activity for which grant dollars are being made available;
3. Is well executed and is capable of attaining program objectives;
4. Describe specific objectives, activities, milestones and outcomes with respect to time-lines and resources;
5. Estimates reasonable cost to the ODH, considering the anticipated results;
6. Indicates that program personnel are well qualified by training and/or experience for their roles in the program and the applicant organization has adequate facilities and personnel;
7. Provides an evaluation plan, including a design for determining program success;
8. Is responsive to the special concerns and program priorities specified in the RFP;
9. Has demonstrated acceptable past performance in areas related to programmatic and financial stewardship of grant funds;
10. Has demonstrated compliance to GAPP, Chapter 100;
11. Explicitly identifies specific groups in the service area who experience a disproportionate burden of the diseases, health condition(s); or who are at an increased risk for problems addressed by this funding opportunity; and,
12. Applicant describes activities which supports the requirements outlined in sections I. thru M. of this RFP.

Programs will include a scoring sheet and/or provide further details of scoring.

The ODH will make the final determination and selection of successful/unsuccessful applicants and reserves the right to reject any or all applications for any given RFPs. **There will be no appeal of the Department's decision.**

- U. **Freedom of Information Act:** The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release. Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service; 34CFR Part 5 for funds from the U.S. Department of Education; or, 7 CFR Part 1 for funds from the U.S. Department of Agriculture. Select only the appropriate reference.
- V. **Ownership Copyright:** Any work produced under this grant, including any documents, data, photographs and negatives, electronic reports, records, software, source code, or other media, shall become the property of ODH, which shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. If this grant is funded in whole, or in part, by the federal government, unless otherwise provided by the terms of that grant or by federal law, the federal funder also shall have an unrestricted right to reproduce, distribute, modify, maintain, and use the work produced. No work produced under this grant shall include copyrighted matter without the prior written consent of the owner, except as may

otherwise be allowed under federal law.

ODH must approve, in advance, the content of any work produced under this grant. All work must clearly state:

“This work is funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau _____, Program _____ and as a sub-award of a grant issued by [granting agency] under the [grant name] grant, grant award number [grant award number], and CFDA number [CFDA number].”

- W. Reporting Requirements:** Successful applicants are required to submit Sub-grantee program and expenditure reports. Reports must adhere to the ODH GAPP manual. Reports must be received before the department will release any additional funds.

Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

- 1. Program Reports:** Sub-grantees Program Reports must be completed and submitted via GMIS or the Sub-grantee Performance Evaluation System (SPES), as required by the Sub-grant program by the following dates: *(List all required program report, submission method (i.e., GMIS or SPES and due dates.)* Any paper non-Internet compatible report attachments must be submitted to Central Master Files by the specific report due date. **Program Reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

Submission of Sub-grantee Program Reports via the ODH's (GMIS or SPES) indicates acceptance of the ODH GAPP.

- 2. Periodic Expenditure Reports:** Sub-grantee Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates: *(List all required due dates).*
- 3. Final Expenditure Reports:** A Sub-grantee Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. on or before *(Date-15th day of 2nd month after a grant period ends).* The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Sub-grantee Final Expense Report. The Sub-grantee Final Expense Report serves as an invoice to return unused funds.

Submission of the periodic and final Sub-grantee expenditure reports via the GMIS system indicates acceptance of ODH GAPP. Clicking the “Approve” button signifies authorization of the submission by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations.

4. **Inventory Report:** A list of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted via GMIS as part of the Sub-grantee Final Expenditure Report. At least once every two years, inventory must be physically inspected by the Sub-grantee. Equipment purchased with ODH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.
- X. Special Condition(s):** Responses to all special conditions **must be submitted via GMIS within 30 days of receipt of the first quarter payment.** A Special Conditions link is available for viewing and responding to special conditions. This link is viewable only after the issuance of the Sub-grantee’s first payment. The 30 day time period, in which the Sub-grantee must respond to special conditions, will begin when the link is viewable. Failure to submit satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any further payments until satisfied.
- Y. Unallowable Costs:** Funds **may not** be used for the following:
1. To advance political or religious points of view or for fund raising or lobbying; but must be used solely for the purpose as specified in this announcement;
 2. To disseminate factually incorrect or deceitful information;
 3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
 4. Bad debts of any kind;
 5. Lump sum indirect or administrative costs;
 6. Contributions to a contingency fund;
 7. Entertainment;
 8. Fines and penalties;
 9. Membership fees -- unless related to the program and approved by ODH;
 10. Interest or other financial payments;
 11. Contributions made by program personnel;
 12. Costs to rent equipment or space owned by the funded agency;
 13. Inpatient services;
 14. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
 15. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
 16. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/TravelRule> then click on OBM Travel Rule.)

17. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
18. Training longer than one week in duration, unless otherwise approved by ODH;
19. Contracts for compensation with advisory board members;
20. Grant-related equipment costs greater than \$300, unless justified and approved by ODH;
21. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
22. *Include any additional program specific unallowable costs per CFDA, program regulations and directives or state law specifications.*

Use of grant funds for prohibited purposes will result in the loss and/or recovery of those funds.

- Z. Audit:** Sub-grantees currently receiving funding from the ODH are responsible for submitting an independent audit report that meets OMB Circular A-133 requirements, a copy of the auditor's management letter, a corrective action plan (if applicable) and a data collection form (for single audits) within 30 days of the receipt of the auditor's report, but not later than 9 months after the end of the sub-grantee's fiscal year.

Sub-grantees that expend \$500,000 or more in federal awards per fiscal year are required to have a single audit. The fair share of the cost of the single audit is an allowable cost to federal awards provided that the audit was conducted in accordance with the requirements of OMB Circular A-133.

Sub-grantees that expend less than the \$500,000 threshold require a financial audit conducted in accordance with Generally Accepted Government Auditing Standards. **The financial audit is not an allowable cost to the program.**

Once an audit is completed, a copy must be sent to the ODH, Grants Services Unit, Central Master Files address within 30 days. Reference: GAPP Chapter 100, Section 108 and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations for additional audit requirements.

Sub-grantee audit reports (finalized and published, and including the audit Management Letters, if applicable) **which include internal control findings, questioned costs or any other serious findings, must include a cover letter which:**

- Lists and highlights the applicable findings;
- Discloses the potential connection or effect (direct or indirect) of the findings on sub-grants passed-through the ODH; and,
- Summarizes a Corrective Action Plan (CAP) to address the findings. A copy of the CAP should be attached to the cover letter.

AA. Submission of Application

Formatting Requirements:

- Properly label each item of the application packet (ex. budget narrative, program narrative, etc.).
- Each section should use 1.5 spacing with one-inch margins.
- Program and Budget narratives must be submitted in portrait orientation on 8 ½ by 11 paper.
- Number all pages (print on one side only).
- Program narrative should not exceed XX pages (**excludes** appendices, attachments, budget and budget narrative).
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

The GMIS application submission must consist of the following:

Complete & Submit Via Internet

1. Application Information
2. Project Narrative
3. Project Contacts
4. Budget
 - Primary Reason
 - Funding
 - Cash Needs
 - Justification
 - Personnel
 - Other Direct Costs
 - Equipment
 - Contracts
 - Compliance Section D
 - Summary
5. Civil Rights Review Questionnaire (EEO Survey)
6. Assurances Certification
7. Federal Funding Accountability and Transparency Act (FFATA) reporting form
8. Electronic Funds Transfer (EFT) form (**Required if new agency, thereafter only if banking information has changed.**)
9. IRS W-9 Form (**Required if new agency, thereafter only when tax identification number or agency address information has changed.**) **One of the following forms must accompany the IRS W-9 Form:**
 - a. Vendor Information Form (**New Agency Only**)
 - b. Vendor Information Change Form (**Existing agency with tax identification number, name and/or address change(s).**)
 - c. Change request in writing on Agency letterhead (**Existing agency with tax identification number,**

name and/or address change(s).)

10. Public Health Impact Statement
11. Statement of Support from the Local Health Districts
12. Liability Coverage (**Non-Profit organizations only; proof of current liability coverage and thereafter at each renewal period.**)
13. Evidence of Non-Profit Status (**Non-Profit organizations only**)
14. Attachments as required by Program (list each one or “NONE”)

One copy of the following documents must be e-mailed to audits@odh.ohio.gov or mailed to the address listed below:

**Complete
Copy &
E-mail or
Mail to
ODH**

1. Current Independent Audit (latest completed organizational fiscal period; **only if not previously submitted**)

**Ohio Department of Health
Grants Services Unit
Central Master Files, 4th Floor
246 N. High Street
Columbus, Ohio 43215**

One copy of the following documents must be mailed to the address listed below:

**Complete
Copy &
Mail To
ODH**

1. An original and (Required Number) copies of **Attachments** (non-Internet compatible) as required by program: (List each one or “NONE”)

**Ohio Department of Health
Grants Services Unit
Central Master Files, 4th Floor
246 N. High Street
Columbus, Ohio 43215**

One copy of the following documents must be attached in GMIS with the grant application and original mailed to the address listed below

**Complete
Copy &
Attach in
GMIS
and Mail
To
ODH**

1. Declaration Regarding Material Assistance/Non Assistance to a Terrorist Organization (DMA) Questionnaire (Required by ALL Non-Governmental Applicant Agencies)

**Ohio Department of Health
Grants Services Unit
Central Master Files, 4th Floor
246 N. High Street
Columbus, Ohio 43215**

II. APPLICATION REQUIREMENTS AND FORMAT

Access to GMIS, will be provided after GMIS training for those agencies requiring training. All others will receive access after the RFP is posted to the ODH website.

All applications must be submitted via GMIS. Submission of all parts of the grant application via the ODH's GMIS system indicates acceptance of ODH GAPP. Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of GAPP rules and regulations in lieu of an executed Signature Page document.

- A. Application Information:** Information on the applicant agency and its administrative staff must be accurately completed. This information will serve as the basis for necessary communication between the agency and the ODH.
- B. Budget:** Prior to completion of the budget section, please review page _____ of the RFP for unallowable costs. *Insert one of the following two statements:*

If a match is required by the federal grant, include the following language:

A match of _____ % is required by this program. This match amount must be included in the applicant share column of the Budget Summary page with a match plan in the narrative.

OR

If a match is not required by the federal grant, include the following language:

Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

- 1. Primary Reason and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocability of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators.

Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103 and the Compliance Section D (9) of the application for additional information.

2. **Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period __ (Date) ____ to __ (Date) ____.

Funds may be used to support personnel, their training, travel (see OBM website) <http://obm.ohio.gov/MiscPages/TravelRule> and supplies directly related to planning, organizing and conducting the initiative/program activity described in this announcement.

The applicant shall retain all contracts on file. The contracts should not be sent to ODH. A completed “Confirmation of Contractual Agreement” (CCA) form must be submitted via GMIS for each contract once it has been signed by both parties. The submitted CCA must be approved by ODH before contractual expenditures are authorized.

CCAs cannot be submitted until after the 1st quarter grant payment has been issued.

The applicant shall itemize all equipment (**minimum \$300 unit cost value**) to be purchased with grant funds in the Equipment Section.

3. **Compliance Section D:** Answer each question on this form as accurately as possible. *Completion of the form ensures your agency’s compliance with the administrative standards of ODH and federal grants.*
4. **Funding, Cash Needs and Budget Summary Sections:** Enter information about the funding sources and forecasted cash needs for the program. Distribution should reflect the best estimate of need by quarter. Failure to complete and balance this section will cause delays in receipt of grant funds.

- C. **Assurances Certification:** Each Sub-grantee must submit the Assurances (Federal and State Assurances for Sub-grantees) form. This form is submitted as a part of each application via GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the Sub-grantee agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

D. Project Narrative:

- 1. Executive Summary:** *Identify the target population, services and programs to be offered and what agency or agencies will provide those services, burden of health disparities and health inequities. Describe the public health problem(s) that the program will address.*

- 2. Description of Applicant Agency/Documentation of Eligibility/Personnel:** Briefly discuss the applicant agency's eligibility to apply. Summarize the agency's structure as it relates to this program and, as the lead agency, how it will manage the program.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training, as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.

- 3. Problem/Need:** Identify and describe the local health status concern that will be addressed by the program. Only restate national and state data if local data is not available. The specific **health status concerns that the program intends to address may be stated in terms** of health status (e.g., morbidity and/or mortality) or health system (e.g., accessibility, availability, affordability, appropriateness of health services) indicators. The indicators should be measurable in order to serve as baseline data upon which the evaluation will be based. Clearly identify the target population.

Explicitly describe segments of the target population who experience a disproportionate burden for the health concern or issue; or who are at an increased risk for the problem addressed by this funding opportunity.

Include a description of other agencies/organizations also addressing this problem/need.

- 4. Methodology:** In narrative form, identify the program goals, **Specific, Measureable, Attainable, Realistic & Time-Phased (SMART) process, impact, or outcome objectives** and activities. Indicate how they will be evaluated to determine the level of success of the program. If health disparities and/or health inequities have been identified, describe how program activities are designed will address these issues. Complete a program activities timeline to identify program objectives and activities and the start and completion dates for each.
- E. Civil Rights Review Questionnaire - EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Sub-grantees must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- F. Federal Funding Accountability and Transparency Act (FFATA) Requirements:**
- FFATA was signed on September 26, 2006. FFATA requires ODH to report all Sub-grants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA Reporting Form in GMIS.
- All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) and a Central Contractor Registration Number (CCR) and submit the information in the grant application, Attachment B. For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about CCR go to www.ccr.gov.
- Information on Federal Spending Transparency can be located at www.USAspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at www.whitehouse.gov/omb/open.
- (Required by all applicants, the FFATA form is located on the GMIS Application Page and must be completed in order to submit the application.)**
- G. Electronic Funds Transfer (EFT) Form:** Print in PDF format and attach in GMIS. **(Required only if new agency; thereafter, only when banking information has changed.)**
- H. Internal Revenue Service (IRS) W-9 and Vendor Forms:** Print in PDF format and attach in GMIS. **(Required if new agency; thereafter, only when tax identification number or agency address information has changed.)** One of the following forms must accompany the IRS, W-9:
- 1. Vendor Information Form (New Agency Only), or**
 - 2. Vendor Information Change Form (Existing agency with tax identification number, name and/or address change(s).)**
 - 3. Change request in writing on Agency letterhead (Existing agency with tax**

identification number, name and/or address change(s).)

Print in PDF format and mail to ODH, Grants Services Unit, Central Master Files address. The completed appropriate Vendor Form **must be** dated and signed, in blue ink, with original signatures. Submit the original and one copy of each.

- I. Public Health Accreditation Board Standards:** Attach in GMIS the PHAB Standards that will be addressed by grant activities.
- J. Public Health Impact:** Only for applicants which are not local health departments, attach in GMIS the response/statement(s) of support from the local health district(s) to your agency's communication regarding the impact of the proposed grant activities on the PHAB Standards. If a statement of support from the local health districts is not available, indicate that and submit a copy of the program summary your agency forwarded to the local health district(s).
- K. Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations **must** submit documentation validating current liability coverage. Attach in GMIS the Certificate of Insurance Liability **(Non-Profit organizations only; current liability coverage and thereafter at each renewal period.)**
- L. Non-Profit Organization Status:** Non-profit organizations **must** submit documentation validating current status. Attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.
- M. Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) questionnaire:** The DMA is a questionnaire that must be completed by all non-governmental grant applicant agencies to certify that they have not provided "material assistance" to a terrorist organization (Sections 2909.32, 2909.33 and 2909.34 of the Ohio Revised Code). The completed DMA Questionnaire **must be** dated and signed, in blue ink, with the Agency Head's signature. The DMA Questionnaire (in PDF format ([Adobe Acrobat](http://www.adobe.com/products/acrobat) is required)) is located at the Ohio Department of Public Safety /Ohio Homeland Security website:
- <http://www.publicsafety.ohio.gov/links/HLS0038.pdf>
- Print a hard copy of the form once it has been downloaded. The form must be completed in its entirety and your responses must be truthful to the best of your knowledge. **(Required by all Non-Governmental Applicant Agencies.)**
- N. Attachment(s):** Attachments are documents deemed necessary to the application that are not a part of the GMIS system. Attachments that are non-Internet compatible must be postmarked or received on or before the application due date. An original and the required number of copies of non-Internet compatible attachments must be mailed to the ODH, Grants Services Unit, Central Master Files address by 4:00 p.m. on or before **(Due Date)**. All attachments must clearly identify the authorized

program name and program number. All attachments must be submitted as a PDF, Microsoft Word or Microsoft Excel document. Please see the GMIS bulletin board for instructions on how to submit attachments in GMIS. *A minimum of an original and the indicated number of copies of non-Internet attachments are required. If program requires more copies, then insert the appropriate number.*

III. APPENDICES

- A.** GMIS Training Form
- B.** Application Review Form
- C.** Other Program Documents (Program should list each document included)

**Ohio Department of Health
GMIS TRAINING**

**ALL INFORMATION REQUESTED MUST BE COMPLETED FOR EACH EMPLOYEE FROM
YOUR AGENCY WHO WILL ATTEND A GMIS TRAINING SESSION.
(Please Print Clearly or Type)**

Grant Program _____ **RFP Due Date** _____

County of Applicant Agency _____

Federal Tax Identification Number _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned and as listed, if applicable, currently in GMIS.

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Employee to attend training _____

Telephone Number _____

E-mail Address _____

GMIS Training Authorized by: _____
(Signature of Agency Head or Agency Fiscal Head)

Required

Please Check One:

_____ **Yes – I ALREADY have access to the
ODH GATEWAY (SPES, ODRS, LHIS, etc.)**

_____ **No – I DO NOT have access to the ODH GATEWAY**

Please indicate your training date choices: 1st choice _____, **2nd choice** _____, **3rd choice** _____

Mail, E-mail, or Fax To:

**Evelyn Suarez
Grants Services Unit
Ohio Department of Health
246 N. High Street
Columbus, Ohio 43215
E-mail: evelyn.suarez@odh.ohio.gov Fax: 614-752-9783**

CONFIRMATION OF YOUR GMIS TRAINING SESSION WILL BE E-MAILED TO YOU